

# The City of New York

## EMPLOYEE PAY STATEMENT

## Payroll Management System

ITEM #	PAY PERIOD	PAY DATE	PAYROLL #	WORK UNIT	CHECK NUMBER	DISTRIBUTION #		
004018	06/16/10	06/30/10	742	9999	Q 41092674	19K174		
PENSION #	ELECTRONICS FUNDS TRANSFER INFORMATION	JSN	STATE	REFERENCE #	C.D.	EMPLOYEE NAME		
798952	BANK FOR SUNDBEN	1 A 01	A 01	0848003	4	LEWIS RONDA P		
TAX INFO	TOTAL EARNINGS	FEDERAL TAX	SOCIAL SECURITY	MEDICARE	STATE TAX	CITY TAX	CITY WAIVER	TOTAL DEDUCTIONS THIS PERIOD
THIS PERIOD	2483.45	373.02	153.68	35.94	130.81			792.26
YEAR TO DATE	35937.20	5983.35	2224.52	520.25	1990.03			NET PAY
DESCRIPTION	UNITS/HOUR	AMT. EARNED PRIOR PER	UNITS/HOUR	AMT. EARNED THIS PER.	LEAVE BALANCE AS OF:	06/17/10 1691.19		
REGULAR PAY				3041.25	DESCRIPTION	BAL. AVAILABLE P-W GRSS PDD	DESCRIPTION	BAL. AVAILABLE P-W GRSS PDD
ADJ GRSS BOE				- 557.80				
					DO NOT CASH BEFORE THE CHECK DATE			
DESCRIPTION	AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO.	BALANCE DUE OR INSTALLMENT LEFT	DESCRIPTION	AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO.	BALANCE DUE OR INSTALLMENT LEFT	
TRS 55 PR&H	45.94			HIP/HMO EMPE	4.82			
HIP/BC EMPE				UFT -U	48.05			
OTHER ITEMIZED DEDUCTIONS				OTHER ITEMIZED DEDUCTIONS				

*The City of New York*

## EMPLOYEE

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## PAY STATEMENT

ITEM #	PAY PERIOD		PAY DATE		EMPLOYEE		PAYROLL #	WORK UNIT	CHECK NUMBER	DISTRIBUTION #
004053	07/01/10	07/15/10	07/15/10		PAY STATEMENT		742	9999	Q 41105508	19K174
PENSION #	ELECTRONICS FUNDS TRANSFER INFORMATION			ASN	FEDERAL	STATE	REFERENCE #	C.D.	EMPLOYEE NAME	
798952	DATA AND NUMBER			1	A	01	A	01	0848003	4 LEWIS RONDA P
TAX INFO	TOTAL EARNINGS	FEDERAL TAX	SOCIAL SECURITY	MEDIGARE	STATE TAX	CITY TAX	CITY WAIVER	TOTAL DEDUCTIONS THIS PERIOD		
THIS PERIOD	3041.25	509.87	188.22	44.02	169.02			1020.87		
YEAR TO DATE	38978.45	6493.22	2412.74	564.27	2159.05			NET PAY		
DESCRIPTION		UNITS/HOUR	AMT. EARNED PRIOR PER.	UNITS/HOUR	AMT. EARNED THIS PER.	LEAVE BALANCE AS OF:		07/02/10 2020.38		
REGULAR PAY			3041.25			DO NOT CASH BEFORE THE CHECK DATE				
EARNINGS DATA						MESSAGES				
DESCRIPTION		AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT	BALANCE DUE OR PAYMENT LEFT	DESCRIPTION		AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT	BALANCE DUE OR PAYMENT LEFT	
TRS 55 PRGM		56.26			HIP/HMO EMPE		5.43			
HIP/BC EMPE					UFT -U		48.05			
OTHER ITEMIZED DEDUCTIONS				OTHER ITEMIZED DEDUCTIONS						

### PAY STATEMENT

REVISED 1-10

# The City of New York

## EMPLOYEE

## Payroll Management System

### PAY STATEMENT

ITEM #	PAY PERIOD		PAY DATE		PAYROLL #	WORK UNIT	CHECK NUMBER	DISTRIBUTION #
004034	08/01/10	08/15/10	08/16/10		742	9999	Q 41129753	19K174
PENSION #	ELECTRONICS FUNDS TRANSFER INFORMATION				REFERENCE #	EMPLOYEE NAME		
798952	BANK ABA NUMBER				0848003	4	LEWIS RONDA	P
TAX INFO	TOTAL EARNINGS	FEDERAL TAX	SOCIAL SECURITY	MEDICARE	STATE TAX	CITY TAX	CITY WAIVER	TOTAL DEDUCTIONS THIS PERIOD
THIS PERIOD	3041.25	509.87	188.22	44.02	169.02			1020.87
YEAR TO DATE	45060.95	7512.96	2789.18	652.31	2497.09			NET PAY
DESCRIPTION	UNITS/HOUR	AMT. EARNED PRIOR PER.	UNITS/HOUR	AMT. EARNED THIS PER.	LEAVE BALANCE AS OF:			08/03/10
REGULAR PAY		3041.25						2020.38
				DO NOT CASH BEFORE THE CHECK DATE				
EARNINGS DATA				MESSAGES				
DESCRIPTION	AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO.	BALANCE DUE OR INSTALLMENT LEFT	DESCRIPTION	AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO.	BALANCE DUE OR INSTALLMENT LEFT	
TRS 55 PRGH	56.26			HIP/HMO EMPE	5.43			
HIP/BC EMPE				UFT -U	48.05			
OTHER ITEMIZED DEDUCTIONS				OTHER ITEMIZED DEDUCTIONS				

